PTO/SB/22 (10-00)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

| RI | C-1 | 11 | 71 | • |
|----|-----|----|----|---|

|  | In re Application of Joachim MIERAU et al.                              |                  |                        |  |  |  |
|--|---|------------------|------------------------|--|--|--|
|  | Application Number  |                  | Filed                  |  |  |  |
|  | 10/801,286  |                  | March 16, 2004         |  |  |  |
|  | PRAMIPEXOLE FOR THE REDUCTION OF EXCESSIVE FOOD FOR INTAKE FOR CHILDREN |                  | TION OF EXCESSIVE FOOD |  |  |  |
|  | Group Art Unit Examiner   |                  |                        |  |  |  |
| ·  | 1614  | Phyllis G. Spiva | ack                    |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.  |   |                  |                        |  |  |  |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):   |   |                  |                        |  |  |  |
| ○ One month (37 CFR  | 1.17(a)(1))   |                  | \$ <u>120.00</u>       |  |  |  |
| ☐ Two months (37 CF)   |   |                  | \$                     |  |  |  |
| <del></del>  |   |                  | \$                     |  |  |  |
| Three months (37 CFR 1.17(a)(3))   |   |                  | \$                     |  |  |  |
| <del></del>  | Four months (37 CFR 1.17(a)(4))   |                  |                        |  |  |  |
| Five months (37 CFR 1.17(a)(5))  Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above  |   |                  |                        |  |  |  |
| is reduced by one-half, and the resulting fee is: \$   |   |                  |                        |  |  |  |
| A check in the amount of the fee is enclosed.  |   |                  |                        |  |  |  |
| Payment by credit card. Form PTO-2038 is attached.   |   |                  |                        |  |  |  |
| The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  |   |                  |                        |  |  |  |
| The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u> .  |   |                  |                        |  |  |  |
| I have enclosed a duplicat   |   |                  |                        |  |  |  |
| I am the   applicant/inventor.   |   |                  |                        |  |  |  |
| assignee of record of t  |   |                  |                        |  |  |  |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |   |                  |                        |  |  |  |
| □ attorney or agent of record.   |   |                  |                        |  |  |  |
| attorney or agent unde   | r 37 CFR 1.34(a).   |                  |                        |  |  |  |
| Registration number if acting under 37 CFR 1.34(a).  |   |                  |                        |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                       |   |                  |                        |  |  |  |
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| December 15, 2006  Date  | -   |                  | Signature              |  |  |  |
| John A. Sopp, Reg. No. 33,103  |   |                  |                        |  |  |  |
| Typed or printed name  |   |                  |                        |  |  |  |
| 12/18/2006 HMARZI1 00000037 10801286   |   |                  |                        |  |  |  |
| 01 FC:1251 120.00 0P   |   |                  |                        |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |   |                  |                        |  |  |  |
| □ *Total of forms are submitted.   |   |                  |                        |  |  |  |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.